

# COMMUTING COST CLAIM FORM ONTARIO MILLWRIGHTS

## REIMBURSABLE COMMUTING COSTS STATEMENT OF CLAIM

Send to -- Manion, Wilkins & Assoc. Ltd.  
222 Rowntree Dairy Road, Unit #4 (3rd Floor)  
Woodbridge, Ontario L4L 9T2

**Re:** Work Month of \_\_\_\_\_ for Employer No. \_\_\_\_\_ Telephone: \_\_\_\_\_

Millwright Name (Last)                                      (First)	S.I.N.	Zone #1 24.1-32K No. of Days	Total At \$6.75 Per Day	Zone #2 32.1-40K No. of Days	Total At \$7.90 Per Day	Zone #3 40.1-80K No. of Days	Total At \$13.90 Per Day	Project Name/Location (Must show both)
<b>Total Claimed</b>			(A)	(B)		(C)		A+B+C = \$

I, as an authorized agent of \_\_\_\_\_, do hereby certify that the above statement for reimbursement is true and  
(NAME OF EMPLOYER)  
 accurate and that payments were made to the above individuals as per the I.C.I. Collective Agreement and these claims are within the allowable amounts under the AMCO Commuting (Travel) Reimbursement Plan. I also understand that all claims are subject to audit by the Trustees of the AMCO Commuting (Travel) Fund or any agent appointed by the Trustees governing this Fund and that we are liable for any false claims, any and all fees, costs and expenses associated with any late or false claims and any other consequences as stated in the Collective Agreement. We understand the Plan may be altered, modified or terminated by the Trustees as per the Trust Agreement at any time.

\_\_\_\_\_  
Signature
Print Name
Date